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TABLE OF CONTENTS

	Page
Editorial Comment	2
<i>Meeting the Mental Health Needs of Children in School Today: Psychiatric Implications for the Practice of School Social Work</i>	
Jules V. Coleman, M.D.	3-13
Discussion of Dr. Jules V. Coleman's Paper	
Miss Rose Goldman.....	14-18
Discussion of Dr. Jules V. Coleman's Paper	
Regina Collins and Adeline Jesse.....	19-23

EDITORIAL COMMENT

Dr. Jules V. Coleman's paper which appears in this issue is a valuable addition to the literature of school social work. Dr. Coleman has presented in concise form many aspects of the relationship between the school social worker and school administration which need to be taken into consideration if school social work is to function effectively as part of a school system.

The two discussion papers, one by Miss Rose Goldman and one by Miss Regina Collins and Miss Adeline Jesse, give some illustrations from practice of concepts outlined by Dr. Coleman. These two papers coming from different school settings will be helpful to those social work departments that are examining their practice in relation to the needs and resources of the school.

In these papers there is evidence of a close relationship between the school and the social worker in their effort to develop a program to meet mental health needs of children.

MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN SCHOOL TODAY: PSYCHIATRIC IMPLICATIONS FOR THE PRACTICE OF SCHOOL SOCIAL WORK¹

By JULES V. COLEMAN, M.D.²

The history of psychiatric activity in our schools is one of trial and error. It has been trying and frustrating both to school and to psychiatric personnel, and it is certainly easier for both groups more clearly to see the errors of the other than their own. It is a history of mutual misunderstanding and distrust, each group expecting the impossible of the other and reacting with disappointment but also with self-righteousness when the impossible did not happen. School people wanted help with the emotional disturbances of children under their care but could not accept it under the terms offered by the psychiatrists and their associates, who in turn came to feel disillusioned and resentful by the rejection of their counsel.

Now that there is a turning of the tide towards greater mutual understanding and acceptance, it begins to be possible to separate out some of the factors which contributed to the trial and error period, particularly of the past twenty-five years. The central concern which brought the two groups together was both simple and compelling, and may be formulated by the questions: How can we help the emotionally disturbed child through his school experience? And secondly, how can we help all children to find in their life at school an emotionally enriching and stabilizing experience? This central concern was the common meeting ground of both school and psychiatric personnel. There was a parting of the ways only in relation to everything else; i.e., in relation to the content, structure, and method of procedure and policy in attaining the essentially non-controversial goals.

A good deal of the difficulty could perhaps be traced to the inevitable lack of understanding which is bound to come to the surface when two disciplines with such unlikely and clashing traditions as education and

¹ Presented at the Annual Meeting, *National Association of School Social Workers*, in connection with the 78th Annual Meeting of the National Conference of Social Work, May, 1951, Atlantic City, New Jersey.

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psychiatry tried to work together on a common concern. Even leaving to one side the more human problems of professional jealousy and protection of professional vested interests, one must recognize the difficulty of reconciling the group orientation of the educator with the individual bias of the psychiatrist, as well as the educator's prior interest in education for all children as contrasted with the psychiatrist's natural interest in the shelter and nurture of the ill child. It was not long before the educator began to develop the uneasy feeling that the psychiatrist's concern for the child seemed to go hand in hand with subtle, and often not even very subtle, criticisms of the teacher.

Twenty-five years ago, psychiatry was not a new medical specialty, but it was very new, very much inexperienced, and very insecure in its new role as a social discipline. It had no practical knowledge of the psychology of group phenomena, of the techniques of interdisciplinary cooperation, or of the principles governing mental health conservation either in the community at large or in an institutional setting like the schools. Moreover, psychiatry was so closely identified with the care of the mentally ill, and so contaminated in the minds of the public with the superstitions and fears associated with the folklore of mental illness, that it could not fail to attract the initial prejudice of most groups in the community. While there is still a great deal of public prejudice against psychiatry, a number of events have tended to modify it considerably, so that it now operates on deeper levels, and does not automatically stand in the way of reality modification. The contributing events have of course been the following: the diffusion of psychoanalytic thinking, in the form of its medical practice and in its influence on the teaching of psychiatry to medical and non-medical groups; the development of the mental hygiene movement, the development of the child guidance clinic movement, and the demonstration of the importance of psychiatry for problems of living as the result of military experiences in the two world wars.

Education, too, has undergone a radical transformation in the last few decades. The ideal of universal schooling has steadily advanced, reaching increasing percentages of the child population at every level of education. The dead weight of mass and the mounting costs of education have presented serious problems to the progressive educators who envision the opportunity of providing in schools the unequalled and unique setting for the development of democratic attitudes and practices, the enrichment of human personality, the nurture of human creativity and productivity, as well as the inculcation of the basic intellectual skills,

the intellectual heritage of the past, and the stimulating events and advances of the present.

The schools are coming to be regarded more and more as a social institution of central and critical importance in a democratic society. They now share the responsibility for transmitting many of the cultural attitudes, beliefs, and practices which were once mainly in the hands of family and church. As a basic social institution, they are struggling to escape from the isolation into which they tend to be forced, and to take their place as an active and participant force in the cultural life of the community.

One of the most important re-discoveries of the last few years is the concept that mental health is not the exclusive prerogative of the psychiatrist and his associates, but a phenomenon which is multiply determined by diverse societal and institutional forces; that it is a function of exceedingly complex integrating factors within the social organism; and that it is affected by all the central institutions of society, such as the family, the schools and the church, as well as by the auxiliary institutions, such as medicine, the law, social work, and so on, which serve to correct and to restore social and institutional breakdown. It is within the framework of a broad concept of this kind that psychiatry may effectively find its cooperative role in the promotion of mental health.

Turning to the particular topic of this paper; i.e., the position of the school social worker, one sees historically two lines of convergence, the one expressing the widening interest of the educator in the sources of the emotional problems of the child; the other, the psychiatric interest in offering direct services to the disturbed child in school. While these lines converge in relation to common objectives and goals, they have often been divergent in actual practice. From the point of view of the progressive educator, the category of visiting teacher (school social worker) is an instrument of school policy, one of the methods of bringing into the general school program a deeper and richer understanding of the child as pupil; of modifying curricular structure to facilitate learning by taking into account family and personal influences which affect the child; and of contributing to staff development through increments in sociological and psychological knowledge. The educator is interested, after all, in having a better school program with a curriculum enriched by absorptions from the social sciences and dynamic psychology. His is a school-centered and teacher-oriented interest. His orientation may be expressed in the form of the following question: How can we, as educa-

tors, offer our children, through their educational experience, a personally meaningful and psychologically constructive school life?

In contrast, and in practice it does run into contrast, the psychiatric orientation tends to be interested rather exclusively in the needs of the individual child, and of course particularly in the child presenting psychopathology. It is unfortunate that divergence does develop, in practice, since there is no essential difference in goals, and there is no reason to believe that practical implementation need always and in the long run follow irreconcilable paths. Actually, the reconciliation of the interests of the individual with those of the group is an important, and probably a basic, democratic value, not lightly to be surrendered, particularly in times of stress. It is to the interest of the educator to cling to these values of the individual, as it is important for the social worker to grant them a right to the teacher as well as to the child. There is of course also the practical consideration that the mental health needs of the individuals of one group can only be established in their proper perspective in relation to and in harmony with the mental health needs of the co-group; i.e., in the school situation, mental health cannot be divided between children and teachers, but must be considered in relation to the emotional climate of the whole.

The problem becomes highlighted when a school system establishes its own psychiatric clinic services. The conflict between the mental health needs of the school community as a whole, to which a clinic in a school setting should presumably make a significant contribution, and the psychiatric needs of particular children, is often difficult to resolve, and if not successfully resolved may lead to needless and wasteful friction and insecurity of direction. The non-authoritative approach of the clinic also needs to be reconciled with the authorial responsibilities of the school administration. The complexity of organization of a psychiatric clinic accentuates its problem of adaptation to the setting which it serves.

However, the social worker in the schools is in any event exposed to conflicting pulls in dealing with every case problem. The child in trouble, whether the pattern is aggression or withdrawal, is a deviant and non-conformist, a burden to himself in his relations to the group, and a burden to the teacher who is attempting to create an atmosphere of group coherence and cooperation. The teacher cannot deal with causes of disturbance outside the school situation. The teacher has available many resources of educational therapy, i. e., of treatment within the

frame of reference of the daily experience of the child in school, but where behavior has its roots in chronic out-of-school difficulties, there is a need for the specialist to complement the therapeutic possibilities of the group experience in school.

The special services in schools include, besides social work, the fields of clinical psychology, educational and vocational guidance, medicine and nursing, and psychiatry. In common, they all work with the problems of individual children, and are called upon for problems which by and large cannot be treated in the classroom situation. In addition to their service functions, i. e., direct services to children and families, they also express the administrative responsibility of the schools for the health and welfare of school children.

Where does social work fit into this picture? What is its particular pattern of responsibility? What are its proper and useful functions? If it works only in the interest of the child, then it may find itself in the unenviable position of seeming to work against the interests of teachers, and even parents. I believe I can illustrate this point by quoting here the five questions which were sent along to me as suggestions, brought to the attention of your Program Committee, indicating some of the professional needs of the practicing school social worker:

"1. How can we help children who have been declared by the courts to be delinquent?

"2. How can we anticipate delinquency?

"3. How many school social workers overcome serious obstacles that exist (in too many situations) of unsympathetic teachers and school overcrowding? (Children need help more than ever and there is not even space for private interviews.)

"4. How shall we work out the adjustment of the aggressive, extremely disturbed child in a school system that provides no separate school or class facilities for these children?

"5. Do others feel the need for visiting teachers to have further knowledge of the teachers' problems in group dynamics? (Visiting teachers often need to help the teacher with the child's behavior as affected by and affecting the group.)"

From these questions, one wonders if the school social worker does not see herself as a lone voice crying in the wilderness, attempting to defend the distressed child against a system of evil at once impersonal

and unconcerned. They are in a sense quixotic questions because they point to at least some unwillingness to recognize and accept the inherent limitations of a function which is both peripheral and new to an institution with deeply imbedded traditions and prejudices. I imagine these questions may all be condensed into one: How can we help children with emotional and family problems within the limitations of the school setting? For example, what can the school social worker do for an emotionally disturbed child in a community where there are no psychiatric treatment resources at all? Or, how can she contribute to the adjustment of the aggressive, extremely disturbed child even when the school provides no separate school or class facilities for these children?

Social work has an auxiliary role in the schools since it is not directly concerned with the main institutional function of education. Its core job is casework with children and their families. In doing this job, the social worker runs into defensive and critical responses from teachers. Many teachers believe that when they have to ask for outside help for a child, it is a reflection on their competence as a teacher. Others believe that social workers do not understand the problems of group management, and make unrealistic suggestions and recommendations. Sometimes the contributions of the social worker are dismissed by the school administration as trivial and inconsequential, regarded as an added burden, and sabotaged in indirect ways, such as failing to provide interview space, not allowing time for teacher-worker conferences, and ignoring casework findings in planning for disturbed children.

Theoretically, since social work through its casework services is in a position to advance the educational process for many children, the educator should accept the responsibility of understanding the potentialities and limitations of the social work contribution, and so integrating it into the school administration that it will be able to function at an optimal level. Actually, however, the educator often has little understanding of casework requirements and processes, and regardless of the excellence of his intentions is likely to administer a social work program in a manner that is detrimental to its goals. The problem is not only one of interpretation, but how to establish channels of communication, how to incorporate social work procedures into the educational structure in a way that would make it possible for interpretation to go on continuously and usefully.

It is actually not a simple matter for the teacher to translate casework findings into classroom procedures, and this seems to me to be at

the heart of the problem. The caseworker discovers that a child who is showing misbehavior at school is in the middle of a highly disturbed family situation. In what way can the teacher make use of this information? There are of course teachers who can respond to an unhappy child with a larger measure of warmth and consideration without upsetting the balance of their relationship to the group, but I would guess that such teachers are not in the majority. From my own experience, there seems to be nothing more irritating to most teachers than the suggestion that a child needs more individual attention. For one thing, it often seems accusatory, and for another, it runs against the impulse of the teacher to protect the interests of the group as a whole. The teacher is not a trained group worker in the social work sense, but an educator. Perhaps group work should be an educational skill but at the moment it is not.

It is possible that the interests of disturbed children in school might be further advanced if the social worker could more consistently and sympathetically appreciate the real difficulties of the teacher. I am not suggesting that teachers be offered casework services, but the social worker is trained to respond to the emotional needs of all kinds of people faced with trying and threatening situations, and might use her casework skills to share with teachers the irritations and frustrations of the problems they meet. It might then be said that a basic objective of school social work is to help the teacher to meet the mental health needs of children in school.

* * * *

School social work, then, is a psychiatrically oriented individual case method of meeting the problems of children in their adaptation to the demands of group living in the school situation. It also has the responsibility of integrating its functions into school procedures towards the goal of improving the mental health of all children in school. How can this dual responsibility be carried out? What are some of the principles involved? What criteria of practice should be established? I shall present a number of suggestions which I believe are important in this connection:

1. *The basic casework function must be protected.* This requires limitation of case loads so that work of adequate intensity is possible. Work that is dictated by routine requirements rather than by the needs of a particular case situation is economically and professionally wasteful. The social worker should be protected from non-professional demands,

or from activities which belong to other disciplines, as well as from excessive demands which initiate thoughtful and studied procedure.

2. *Continuity in all its implications is essential.* Workers should be assigned to particular schools, and should remain with those schools at least until acceptance of the social work contribution has been achieved. It should be possible for school personnel to say, "Yes, she is our social worker," and to say it with a real sense of identification and trust. The importance of continuity for the child seems so apparent that it need hardly be more than mentioned. It is particularly important for the delinquent child to have the opportunity of developing identifications with mature substitute parental images. Because of the inadequate superego integrations of these youngsters, such identifications are often not sustained unless the relationship is continued, even over a period of years.

Each school presents a different setting, a different community, different cultural patterning, different standards and values. The worker must get to know her teachers as people, to understand their strengths and their weaknesses, their needs and their strivings. Although there are common problems for children at each age level in all schools, the individuality of a particular school carries important meanings to the child, and becomes important in disturbed reactions when they occur.

3. *Existing resources in the schools should be explored and exploited in helping children to deal with their own problems.* One of the major resources in the schools is of course the teacher. A slight shift in a teacher's attitude may lead to an important readjustment in a child. A never-ending problem is the tendency of teachers and of school administrators to reject, expel, or exclude children whose problems they find threatening or alarming in one way or another. The readiness to reject the child is an index of the irritability of an insecure position. There are of course many children who are not educable in the average school for many reasons, such as significant intellectual retardation, unusually severe physical handicaps, psychosis, etc. However, I am thinking of children who can respond to the school experience if their problems are tolerated and they are accepted as individuals, with due allowance for their handicap. The epileptic child presents a case in point.

Another major resource is the curriculum. The social worker does not have to be an educator to acquire a working knowledge of the meaning to the child of the curriculum to which he is exposed. Individual children may show a wide range of idiosyncratic reaction to particular

aspects of the curriculum, which the social worker may discover and bring to the teacher's attention. Special educational needs of children may often be met in the unselected class when the teacher's interest becomes engaged.

Other resources in the schools are the special services. The school nurse is in a particularly significant position, since the physical complaints which children bring her are likely to be, in perhaps a majority of cases, of psychogenic origin, or with considerable psychogenic components. It has occurred to me that the social worker may have a tendency to look down on the school nurse, or the teacher too for that matter, because she is not a good social worker. Actually, of course, the nurse has an important contribution to make as a nurse, and both social worker and nurse can work together more productively as they acquire a better understanding and greater respect for the specific contribution each can make.

It seems to me that the professionally trained person like the nurse or teacher, who has not had the benefit of intensive psychiatric orientation, often lacks only the methods of formulation to express the psychological understanding she may actually possess. One may say that they are not aware of how much they know about a child's emotional problems. The social worker, because of her psychiatric orientation, should be able to help her coworker to discover and formulate this understanding, and make it available in planning for an upset child.

I should stress that people are the primary resources in helping the emotionally disturbed child. In all situations, one can always find the rare person who, perhaps even without benefit of formal psychiatric orientation, still possesses attributes of personality, or capacity for empathy, or psychological flair, which makes it possible for him, in his own way, to help children in distress. We ought not to permit professional prejudice to stand in the way of recognizing the value of a resource of this nature and making it available to the particular child who can benefit from it.

4. *Community resources must be made available to children in the schools.* A knowledge of community resources and skill in their use is of course one of the important contributions of social work in general. However, there is another point of interest here as well. It seems to me that the social worker is in the position of helping to establish bridges, to map outlines of communication between the schools and the com-

munity. It has always been of interest to me to note the extent to which school people have a sense of isolation from the community at large. I think it is in part due to the strained relations which exist between teachers and many parents. I would guess that there are few teachers who feel comfortable and relaxed in meeting parents, and the reverse is just as true. The explanation is probably to be found in the psychological situation of the child in relation to the delegated and impersonal authority of the teacher. The teacher becomes the repository of a good deal of unresolved ambivalence transferred from the parents, and structuralized into a fairly rigid pattern by the compulsive character tendencies of the latency period. I would suggest that this pattern of ambivalence is carried over into adulthood, affecting the reactions of both parents and teachers to each other.

It seems to me, too, that the school social worker may easily become enmeshed in the same net of residual conflict, and needs to use her professional training to look at her own reactions and confront them with reality testing. It should be helpful, in this connection, if the worker can think of the schools as a social agency, of teachers as professional coworkers, and of the problems of children as requiring an interdisciplinary approach. When the schools are regarded as a social agency, then the problem of finding methods of communication with other agencies in the community may move into a position of central importance in school social work activity.

5. *Skilled interpretation is an essential and ongoing requirement.* The social worker in the schools can never take it for granted that her work is understood by teachers or administrators. It is important to look for and to take advantage of every opportunity for functional interpretation at all levels of the school hierarchy. Such interpretation includes explanations of goals, of policies, and of methods. It involves an insistence on the professional nature of the job. Naturally, the worker cannot vigorously defend her own professional position and function unless she implicitly and explicitly respects the professional status and contribution of the educator. Granted that there are poor teachers, nevertheless it is not for the worker to evaluate the competence of the educator, and vice versa.

Interpretation is particularly difficult when one is dealing with psychiatric concepts. Usually, they cannot be applied categorically but only with the patient and flexible qualification which is demanded by the uniqueness of personality reaction in particular situations. It is easy for

the teacher to mistake the worker's respect for individuality and for people's right to find their own solutions to psychological problems as evidence of indecision and lack of firmness of character. Such misunderstanding is only slowly corrected through the opportunity provided the teacher of observing the worker's consistency in the application of her principles, and their value in individual case problems. Again, in this connection too, it is important for the teacher to recognize that the worker's respect for personality and for the person is consistently applied in all relationships, and not reserved for children alone.

In summarizing, I have tried to indicate something of the background of social work in the schools as a mental hygiene endeavor and of the framework within which it functions. With its psychiatric orientation, its humanistic and democratic philosophy, and its unique interviewing skills, social work has a special opportunity to make a significant mental health contribution to large numbers of children, through its direct services, and through its influence on the educational process. The school social worker is also in a position to add appreciably to our knowledge of interdisciplinary cooperation around problems of interest to several professions. From many points of view, the schools represent the great laboratory of a democratic society, a testing ground for the study of creative and productive human activity, the basic well-spring for the conservation of human resources, and the arsenal for the armoring of human strengths in an insecure world. There are few more worthwhile experiments to which the constructive use of professional skills may be applied.

MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN SCHOOL TODAY: PSYCHIATRIC IMPLICATIONS FOR THE PRACTICE OF SCHOOL SOCIAL WORK

Discussion of Dr. Jules V. Coleman's Paper¹

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It is always a privilege to do a piece of work in association with Dr. Coleman, and when the job is in line with one's closest interest, it is indeed rewarding.

The five points so cogently developed by Dr. Coleman as basic to the social worker's aim of helping to meet the school child's mental health needs bear witness to the integration of thought among psychiatrists, social workers, and educators that has taken place in the last decade, at least in the advance guard which our speaker represents.

My discussion of points brought up in the paper will be tied in with two problems mentioned as of special concern to the school social workers assembled here.

The first of these is the reconciliation of the needs of the individual with those of the group—that ancient conflict between the caseworker and the teacher. Actually, this problem of reconciliation transcends our little sphere of school social work. It is in a way what we are fighting about in both the hot and cold war. The question of the rights of the individual versus the degree of group control is being thought out and fought out not only in schools but in factories, in courts, and among the sovereign states of the world. If this conflict were one of those that had already found its solution in the world at large, we should have rules to go by in the classroom and a school social worker's life would be greatly simplified. However, it is encouraging to remember that we live in a corner of human society that permits us to work out these matters at the grass roots, and by so doing, gives us and our children practice in thinking through the whole business of the rights and duties of individuals and of groups.

¹ Presented at the Annual Meeting, *National Association of School Social Workers*, in connection with the 78th Annual Meeting of the National Conference of Social Work, May, 1951, Atlantic City, New Jersey.

Coming back to the classroom practice, there are signs, as Dr. Coleman has said, that the conflict is being resolved. In the early days, the school social worker was brought into the school to help the child with difficulties to profit better from his educational experience. As the superintendent saw it, Jimmie was to be adjusted so that he would become a better pupil. But today, making a better pupil is becoming secondary with school superintendents to turning out a better child—a child who functions more adequately not only in curriculum, but in home and neighborhood relationships, and inside himself. Not every school is educating “the whole child”, as the slogan goes. But as the newer educational thinking spreads, the difference will be lessened between the goals desired for the child by teachers and those by clinic workers. As the goals come closer, so inevitably will the methods also.

There is already proof that methods are changing. Furniture is becoming movable, children are walking about, small groups are at work within the classroom. Many educators have still to learn, of course, that classes must be smaller and assistant teachers more numerous to carry out the aims of the newer programs. As Dr. Coleman said, teachers are not trained group workers; but they are beginning to hear that there is something known about who sits next to whom and why. They are beginning to notice that a trained group worker for the afternoon play center handles the children differently from a teacher who takes on a few extra hours of work in the playground after school. They are beginning to hear that in adult therapy groups, for example, too many aggressive mothers can wreck a therapy session. Perhaps this may lead school administrators to consider how to divide the aggressive children in a school, instead of forming classes by accident or by stereotyped methods.

Another hopeful sign is the emergence in some training schools of a curriculum on child development and human behavior given in common to prospective teachers, nurses, and social workers. Not only is basic theoretical preparation given to several disciplines, but field work placements in settings staffed by different disciplines are arranged for students so that each profession gets a glimpse, during the training period, of the philosophy and problems of the others. For the staff already in service, interdisciplinary workshops will help to find solutions for this “individual within-the-group” problem. As Dr. Coleman pointed out, we are coming to realize that no one discipline has the answer; rather we must put our heads together.

One way of getting the heads closer together is, as he pointed out, to give the social worker a limited caseload, a limited school assignment, and continuity of assignment. This gives the social worker who has had no pedagogical experience a chance to observe classes, to attend school conferences, to lunch with teachers, to see what goes on in halls and on stairs—in sum, to learn about a particular school by being an integral part of it. As the social worker identifies better with the teacher and experiences the actual conditions in the school, she will be less likely to make impractical suggestions.

On the other hand, as Dr. Coleman has observed, some teachers “are not aware of how much they know about a child’s problems”. When a social worker looks at an old-fashioned school record card, she notices the number of times the family has moved, the age of school entrance, the time spent at a hospital or institution school, the first sign of poor work, the later notation of poor conduct joining that of poor work, and finally, perhaps, a picture of truancy gleaned from the attendance record. How many teachers see the record card as a bit of social history in this way? How many know the value of their observations of a child’s behavior? The social worker can show the teacher the values and strengths of her own tools and techniques both in studying and in treating the child. As the teacher sees that her talents, too, are recognized in this mysterious new field of mental hygiene, her ability to be resourceful and creative will be enhanced. As an educational specialist, she will find techniques of class management that minister to the child’s needs presented by the social worker. At least, as she becomes more sure of herself, she can say, with less hostility, that she cannot meet a particular child’s need.

The social worker gives the teacher the feeling that she shares her burdens because she works with the child’s family. She communicates to the teacher her appreciation of how difficult the child is in the classroom. As she accepts the teacher’s feelings about him, she makes it easier for the teacher to react positively toward the child. The more intimately and the longer a social worker has operated in a school, the more economical will be the effort expended to enlist teachers’ help, to use school facilities, and to forward the establishment of new school resources. Apropos of this matter of resources, we are sometimes told in our Bureau of Child Guidance that our recommendations are impractical, and an example often cited is our recommendation of remedial reading when we know there is none available. Naturally, we should make such recommendations in a way that shows we know the resource is lacking,

and we should suggest alternatives. However, we are not absolved from the ethical necessity of making the child's need known, whether or not a particular school is ready to meet it. Social workers, to be true to their professional responsibility, must insist that the impracticability lies not in the recommendations, but rather in the notion of school administrators that they can hope to educate certain children without provision of special tools.

Here Dr Coleman's suggestion of the importance of ongoing interpretation comes in. A social worker who continues in a school any length of time can have a telling effect on its emotional climate because she can interpret in a way that truly follows the principles of progressive education. For instance, as she consults with the teacher day by day about the particular boy or girl referred and they plan their course of action together, the teacher "learns by doing". Secondly, the teacher learns by a kind of individual tutoring, so to speak—better than she can from any course or seminar. Thirdly, since she invests her effort in Johnny, she has an emotional stake in his progress. Finally, psychiatry has taught us that the more closely she identifies with the social worker, the more she incorporates some of the worker's attitudes. Once these attitudes are incorporated and have become part of her, the teacher looks at other children besides Johnny with new eyes. This is interpretation, then, that fulfills the dual purpose mentioned by Dr. Coleman—helping both the one child and the many. It develops the kind of teamwork between disciplines that reduces the areas of misunderstanding and maximizes the contribution to the child's well being.

But no matter how skillful the interdisciplinary approach, the conflict between teacher and clinician and the clash between individual and group needs will not be resolved until the community stops expecting to handle all its children with behavior deviations, in the day schools. Some children can not profit from clinical treatment when exposed daily to the same exacerbating environment which produced their problems. Some children can take the help they need only in a carefully controlled, non-punitive environment where clinic personnel, cottage parents, and teachers work in therapeutic unison. Today such facilities are almost non-existent. For lack of them, numbers of disturbed children are sent back to home and school from courts and psychiatric observation wards.

There are many reasons for this. For one thing, we are just at the beginning of our knowledge in the mental hygiene field and it will take time to implement this knowledge with appropriate instruments. For

another, the schools have not yet shown that they do muster every resource they have for those children who can be helped by teacher and clinic working together. Further, too many schools are still content to get along with trial and error methods, changing Johnny from class to class or school to school. Schools are just beginning to set up appropriate professional services to help them understand why Mary behaves as she does, and how she and her parents may participate in plans for changing to happier ways. Some day educators, working with other disciplines, will reach the place where they know with a fair degree of scientific accuracy which children they *can* help. Some day they will have explored the full extent to which educational personnel and content can serve therapeutic ends. When this day comes, and only then, will the school be able with a clear conscience, to point out what other social instruments the community needs for its children.

Until then, the disturbed children will return to our classrooms after their brush with the law and teachers will look ruefully at the school social worker who has "done nothing". It is folly to expect from the teacher special attention for other less disturbed children in whom the school social worker is interested, when her time and energy are taken by the few too disruptive to function within the group. It is folly to expect the principal to refer children with incipient problems for which preventive work can be done, when he is preoccupied with situations created by children who are, by the nature or degree of their maladjustment, able to profit little from his help.

With these few children placed where they could improve much of the classroom conflict between the needs of the individual and the group would probably evaporate; and what is most important, the limits of tolerance within the group for children with real but amenable difficulties would be immeasurably widened.

In closing, may I echo Dr. Coleman's thought that the public school, in spite of all its problems, is still the great laboratory of our democratic society, and as such, offers to the school social worker a unique world of creative opportunity.

MEETING THE MENTAL HEALTH NEEDS OF CHILDREN IN SCHOOL TODAY: PSYCHIATRIC IMPLICATIONS FOR THE PRACTICE OF SCHOOL SOCIAL WORK

Discussion of Dr. Jules V. Coleman's Paper¹

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Dr. Coleman's paper is a masterpiece in its over-all presentation of the relationship of social work to schools. The summation of the history, so far, of the process of integration into the public schools of mental hygiene concepts developed under the leadership of psychiatry is very skillful. Implemented by the interest of the Commonwealth Fund in the control of juvenile delinquency, the visiting teacher movement was early seen as a strategic tool for bringing the point of view of psychiatry into the schools. The original training program for the visiting teacher was essentially the same as that for a social worker preparing to work in a psychiatric clinic. There was at that time no background of experience or philosophy to bridge the gap of difference in function and approach between a clinic where individuals go seeking help for acknowledged mental and emotional disturbance and a school concerned with teaching the three R's. On the job these early visiting teachers developed their own philosophy and techniques to the point they can now be taught in schools of social work and field work can be offered in a school setting.

Twenty-five years ago mental hygiene as a whole was in the diagnostic phase of development. The popular assumption was that given enough facts about a problem individual, recommendations made for environmental manipulation, group contacts, etc.; if followed, would transform him into a well-adjusted person. In keeping with this there was emphasis on selection of well-adjusted teachers in order to turn out well-adjusted pupils. This diagnostically oriented attitude, characteristic of medicine generally at that period, and thus transferred to psychiatry implied to the layman: give the mental hygienist the facts and he will remedy the difficulty. Carried to its logical conclusion this implied: if it doesn't work, the psychiatric prescription was incorrect.

¹ Presented at the Annual Meeting, *National Association of School Social Workers*, in connection with the 78th Annual Meeting of the National Conference of Social Work, May, 1951, Atlantic City, New Jersey.

In their eagerness to demonstrate their value, mental hygienists did not protest this role too vociferously. Their resulting sense of guilt for any failure plus the natural tendency of the public to fix blame has had a big place in perpetuating the lack of sympathy and understanding of one group for the other. It is also in part responsible for the social worker's feeling that she is a voice in the wilderness. Today we see mental health as a fluid quality. To quote Dr. Coleman, it is dependent upon "the emotional climate as a whole". It derives its strength and substance from interpersonal relationships. Therefore, it is no better than the quality of interprofessional teamwork going on. Some of the old concepts, for instance, that psychiatry alone can effect a cure cultivated in the light of the earlier diagnostic orientation and now fairly well rooted, become invalid. They need to be replaced and replacement is slow. The implication that mental health is a mutual and experimental project must be implemented by education as well as by psychiatry and social work.

Even in the mental hygiene clinic, the particular domain of the dynamically oriented psychiatrist, the ability to make interprofessional teamwork function completely and smoothly is still developing. Perhaps enough knowledge of this process has evolved there to enable other areas developing similar teamwork to avoid the same kind of experimentation and frustration.

Psychiatry and social work have moved faster toward a capacity to consider the emotional adjustment between their professions and between the individuals within them than education has. We will need to give education time to understand and assimilate our change in point of view before we can anticipate their all out help in developing such teamwork.

In the past three years a psychiatric social worker has been added to the social work staff of the Denver Public Schools as a supervisor. This is part of an experiment in developing interprofessional teamwork. The social work program is one of those that has been moving slowly for a number of years out of an attendance function into a social work one.

At the same time there has been developed a joint conference of consulting psychiatrist, school psychologist, nursing and social work supervisors, meeting with the principal, nurse, social worker and teacher from the school attended by the child under consideration. The personnel make up of this conference has shifted and developed from an original beginning of psychologist and psychiatrist only. There have

been many changes, much anxiety, discomfort, useless activity and dissatisfaction in the process of developing something that will work.

As with the Child Guidance Clinic new in the community, the first referrals to the conferences were those of children who had tried the school or community beyond toleration. The plea was to take them off the hands of the school or make them over. The unreality of such requests is obvious, as is the natural disappointment and dissatisfaction of those at their wit's end with the little we could do in a crisis that was of real help.

Gradually referrals have become more realistic. Johnnie is periodically truant, has violent temper tantrums, is not performing up to expectations, or his work has slumped without reason. Can help be given to us by psychological tests or home study to understand better what is going on? At a meeting of this conference group each person presents what he knows of the situation, particularly as it relates to his individual professional field and assigned responsibility within the school. The informal discussion that follows is very productive because of the interaction of concepts from various professional disciplines.

At the end, specific recommendations and mechanics for carrying through are considered—what can be done by the teacher and principal relative to the child in school, should the psychologist, social worker or nurse take on special functions in working with him? Does the social worker need to set up a long time casework relationship with the parents? Should her efforts be geared to referral to another agency? Is an administrative decision by the principal the first step?

Out of this we have seen come group support to the individual in the carrying through of a group developed plan: release from acute tension or indecision for individuals, new concepts of child behavior and development, greater tolerance for unpleasant characteristics which can no longer be borne alone with equanimity.

As to what to do with the delinquent or pre-delinquent child—or any child so far out of line that his teacher is markedly uncomfortable, we have found no single answer. We can deal only with him individually. It seems, however, that the detailed discussion of the interaction of personalities and situations in one case has a positive carry over to the group with which each participant is dealing.

Important to remember always is that when help is asked, someone is anxious and needs some guidance and support. It is also important to

make it easy for children, parents, teachers to ask for help with realistic expectation of what can be given them before they have exhausted all tolerance and patience. They must be helped to do this without any feeling that such a request is evidence of their weakness.

Experimentation with interprofessional techniques does not relieve us from responsibility for keeping our own professional house in order. In fact, it makes it more important. Recognition by us from experiences of the rugged spots in our job as social workers, and the kind of patience, strength and skill needed can help us evaluate our own professional growth and be less frustrated because we cannot please everyone.

It is one thing for the young social worker, fresh from school, to take her place as one member of a staff of an agency with a definite social work function where she is closely associated with other social workers having varying degrees of training and experience and another to enter a school setting where the primary function is education and she is a lone worker assigned part time to each of several schools. For the social agency worker there is strength and support to be found in the opportunity to work day by day with others engaged in similar activity.

There is strength in the knowledge that a supervisor is closely in touch with her work. She does not bear the responsibility alone. Also the supervisor as a sounding board for her thinking and planning is one of the vital links in professional casework structure that her training has taught her to use toward facilitating her own professional growth.

The school social worker assigned to a number of schools often cannot spend enough of her time or of herself in any one of them to develop a sense of personal identification even with the teaching personnel. Contact with other social workers is available only with definite effort and planning.

When this school social worker has not had enough previous social work experience in any setting to establish her own professional identity as such or to allow social work concepts to become an integral part of herself and her day to day functioning, she often becomes confused and cannot convey clearly to educators what social work is. In helping delinquents and pre-delinquents and all other children proving themselves problems in school we must help educators to understand us and our profession a little and try to put our needs and concepts into language familiar and understandable to them and above all we must develop empathy for them.

Perhaps we need individually and collectively to take closer account of our own emotional maturity. How much difference in those we work with are we prepared to tolerate and to maintain the identity too? How can we judge best our own individual situation, the point where growth in a particular situation means seeking rejuvenation needed by relating to a group sharing more nearly our ideas and point of view and offering us personal stimulation.

One of the basic principles of casework and mental hygiene is that helping the individual to change means helping him to look at himself and see first what he is prepared to do about it. Does not this same concept apply to social work, psychiatry, psychology, education and the other disciplines as we try to develop methods of working together?

MEMBERSHIP

Membership in a professional organization is a strengthening factor for the individual practicing within that profession. This is as true for the school social worker as it has long been for members of other professions. National Association of School Social Workers has members in 38 states and in Hawaii, Puerto Rico and India.

All members receive the National Association of School Social Workers Bulletin and other materials such as Newsletter, book lists, conference programs, notices, and other publicity. Membership is determined by the training and experience of the applicant.

Applications for membership and a statement of membership requirements may be obtained from the Membership Chairman, Mrs. Helen Roell, Indianapolis Public Schools, 150 N. Meridian Street, Indianapolis, Indiana.

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